

Office of Licensing and Quality of Care
0723G: Working with Challenging Behaviors – Part 2

Self-study course



Course objectives

By the end of this course you will be able to:

- 1) List five possible reasons a person may wander away from home or a well known area or path.
- 2) List five questions to ask yourself prior to admitting a person with wandering behavior to a home or facility.
- 3) List five interventions to help reduce the risk of wandering behavior.
- 4) List five support strategies to help a person who is actively wandering or trying to leave the home.

Introduction

One of the most challenging behaviors associated with memory loss or confusion is wandering. When individuals become disoriented and lost they may walk into a busy street, others' property, an unsafe area, or wander far from home. This behavior can be dangerous, even life-threatening to individuals and stressful for care providers.

Most persons with Alzheimer's disease who can walk without assistance are at risk of wandering. Statistics reveal that sixty-six percent of people with Alzheimer's disease will wander at some point in their illness. Wandering can happen at anytime and in any place. There is nothing more frightening than turning your back to complete a task and finding that someone in your care is missing. A recent study indicated that if not located within 24 hours, forty-six percent of wandering individuals may die. Once a person wanders, he has a sixty percent chance of wandering again.

In the Adult Foster Home setting, between January 2001 and December 2002, there were thirty Complaint Investigation Reports related to residents' wandering incidents. Several of those residents suffered injuries and the local police were often involved.

Providing a safe and secure environment to the person with wandering behavior is a high priority for care providers. This course provides some tips to help you prevent the likelihood of wandering incidents and protect the person from harm.

Understanding wandering behavior

According to the dictionary, wandering is "movement away from the proper, normal, usual course or place." One researcher suggests the following as a definition: "aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places" (Morishita, 1990).



Understanding wandering behavior — continued

A person wanders away from a new environment or even a well-known home, area or path for many reasons. Some possible reasons are:

- Lack of activity during the day.
- Loud noises or crowding.
- Boredom or isolation.
- New or changed environment. Unfamiliar surroundings, people, or objects.
- Stress or anxiety.
- Confusion related to the time of the day or night.
- Medication side effects resulting in restlessness and confusion.
- Not being able to find something specific such as food, drinks, a particular object or the bathroom.
- Concern about fulfilling past obligations involving home, friend or family, or a former job.
- Medical and physical conditions such as stroke or urinary tract infection; mental conditions such as delusion, hallucination or misinterpreted signs and sounds.

Prior to admitting a person to your home

As a provider, you must be aware of the care needs of individuals when they come to your home. In order to provide the care necessary to ensure the health, safety and well-being of the residents, it is important to do the following:

Do a thorough screening

It is very important to do a screening before admitting a person. Talk to the person, the person's family, prior care providers and case manager, as appropriate, to inquire about past history of wandering or risk factors that may lead to wandering. You may also need to talk to the physician, registered nurse, pharmacist, therapist or other health/mental health professionals involved in the care of the person.

When considering an admission, ask yourself the following questions:

- Can I meet the person's medical, physical, and mental needs?
- How might the person's care needs change in the future?
- Does the person have a history of wandering behavior?
- What are triggers/causes/signs that could start the wandering behavior?
- Can I provide a safe and secure environment, indoors and outdoors to protect the person from harm?
- Do the person's care needs affect my ability to give quality care to current residents?
- Are the person's likes and dislikes compatible with mine and the other residents?
- Can I get along with this person and his family?
- Do the person's care needs fall within my license classification?

You are responsible for providing a safe and secure environment and ensuring the person's health, safety, and well-being. Therefore, you must make a good judgement based on the results of your screening assessment. Never make a quick decision based on having a vacant bed or due to persuasion from the person's family members, friends or others.

Upon admission to your home

If you decide to accept a person with a known history of confusion and wandering, you may need to orient him with several visits to the new environment prior to a move. Make sure you provide extra support and monitor him closely during the transition period. You will also need to:

- Continue the assessment process which includes documenting the person's care needs.
- Develop a written care plan to include wandering prevention and intervention procedures through discussion with other care team members such as family members and the case manager.

Environmental considerations

The following environmental considerations can help prevent and manage wandering behavior.

Provide a homelike environment. Use objects familiar to the person, such as his own furnishings and pictures. Provide companionship and social interaction with family or volunteers and contact with other persons.

Learn what is important to the person and attempt to meet these needs. Learn the details of the person's past and use this information to improve communication and try to meet his spiritual, emotional and social needs. Offer leisure activities he enjoys and avoid things that he doesn't like. If noise bothers the person, reduce the level of noise from radios, televisions or stereos. Make sure the person is not in the room when a vacuum is being used. If crowding bothers the person, control the number of people who visit at holidays, or take the person out for a walk when there are a lot of visitors.

Create opportunities to be outdoors on a regular basis. Fresh air and sunshine are healthy elements for all of us. Walking is good exercise and a good way to get fresh air.

If walking is part of the person's routine, then provide a regular walking opportunity for him. You may try to find a walking partner (one of the caregivers or volunteers). Provide an indoor walk that circles the home for use during bad weather.

Design a structured and predictable daily routine. If the person has a lifelong pattern of being active in the home, you may ask him to help with simple household activities such as folding clothes, preparing a meal or sweeping the floor.

Safety considerations

Create a safe and secure home environment inside and outside. A home environment that is navigated easily and safely makes all of us more comfortable. There are several things you can do to make the person you care for comfortable, safe and secure.

- Use round-cornered furniture.

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- Put furniture against walls.
 - Avoid area rugs.
 - Arrange a secured circular path.
 - Remove obstacles in the path.
 - Do not lay electric cords across pathways.
 - Have a secure fence around front and back yards.
 - Place night-lights throughout the home to assist residents who get up at night.
 - Place a pressure-sensitive mat at the door that sounds an alarm to alert you to movement.
 - Put **STOP** or **DO NOT ENTER** signs on doors, or paint doors the same color as the walls.
 - Put black contact paper in the shape of a large rectangle or oval on the floor in front of an outside door. It may be perceived as a hole by person with a depth perception impairment and prevent him from walking onto it.
 - Have an activated alarm system to alert you if the person leaves the home without supervision.
 - Have the person wear an identification (ID) bracelet, ID necklace or alarm bracelet, (e.g. Safe Return program through the Alzheimer's Association).

Most wandering takes place on foot. However, some individuals have been known to hitchhike or drive hundreds of miles — sometimes in an automobile that belongs to someone else. You can prevent these problems by having a secure environment and by keeping car keys out of sight.

Individuals with Alzheimer's disease have been known to climb out windows, memorize alarm codes, and slip through doors unnoticed among a group of visitors. Remember, as a care provider, it is your responsibility to exercise reasonable precautions against any conditions that could threaten the health, safety or well-being of the person.

Other considerations

Know the person's medical and physical history and current conditions. Keep in mind that no medication controls wandering behavior. In fact, some medications may have side effects that cause agitation and restlessness that could increase the chance of wandering behavior.

There are several things related to medical and physical issues that you can do to safeguard the person and help to control or minimize wandering behavior.

- Monitor the person's reaction to medications. Some medications have side effects that may create or worsen wandering behavior. Consult a physician if you believe a medication is affecting a resident's behavior.
- Be aware of signs that indicate the person is experiencing unmet medical and physical needs and problems.
- With permission from family, alert neighbors and police ahead of time that you care for someone with Alzheimer's disease who may wander and become lost. Ask that they call you if they see the person outdoors without supervision. A number of local law enforcement agencies keep a file of pictures and the names and addresses of elderly people who may become lost.

Maintain an up to date information file on the person. The following information kept updated and close at hand will help locate the person should he manage to wander away from your care.

- Keep a list of the person's age, height, weight, hair color, blood type, eye color, jewelry, identifying marks, medical condition, allergies, medication and dental work.
- Make multiple copies of a recent close-up photograph.
- Make a list of places the person might go, such as familiar walking routes, old neighborhoods, places of worship, former worksite or other favorite places.
- Make a list of possible dangerous areas you have identified in the neighborhood such as heavy traffic roads, tunnels and areas with dense foliage.

The Alzheimer's Association's Safe Return program assists in the safe return of individuals with Alzheimer's and related disorders who wander and become lost. For more information contact the Alzheimer Association; the toll free number is 1-800-733-0402.

At home

Review your prevention and intervention strategies frequently and follow them consistently.

Have the door alarms (front and back doors) on at all times. Do not turn the door alarms off for caregivers' convenience. The Adult Foster Home Complaint Investigation Reports relating to incidents of wandering show the majority of homes' door alarms were not turned on or were not working at the time wandering incidents occurred.

If the person has a sleeping problem and wanders at night, report it to his physician for evaluation and treatment. Limit daytime naps and increase daytime activities; socialization and stimulation are some examples that may help. Make sure the person has gone to the bathroom just before bed.

Never leave the person unattended away from home. If you take the person out for medical or other appointments or activities (haircut, grocery shopping, or picking up medications), never leave him unattended or in the car with the doors locked. It only takes a moment for him to wander away.

Never lock the door to prevent the person from going out of his room or house.

Document the person's progress at least once a week. Evaluate the effectiveness of your security plan for this person on an ongoing basis and update the care plan when needed.

Observe if wandering behavior occurs at a regular time each day. Try to connect the timing to a cause. You may be able to easily remedy the situation that causes wandering.

If the person shows increased confusion or agitation in the late afternoon and evening, you may need to look at the person's day and determine if it is too tiring and stimulating. It may help to alternate activity (including dressing and

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meals) with quiet periods to gear down daily activity. Encourage a scheduled nap after lunch, and reduce all noise and distractions during this time (music may be the exception).

You may be able to help the person meet his needs by asking him how you can help. Sometimes, the solution is very simple. For example:

A resident with Alzheimer's disease had repeatedly tried to wander away from home and the provider had continually been redirecting him back. The provider was just about to give a 30-day move-out notice to the resident before calling a State Adult Foster Home Program Coordinator for advice and assistance. The program coordinator made a visit to the home and asked the resident, "Tell me, why do you want to leave home?" The resident answered, "I want to buy a beer." The provider made arrangements to get beer for the resident and the resident never wandered away from home again.

Causes or antecedents (triggers) and support strategies

<i>Antecedents</i>	<i>Support strategies</i>
Lack of activity, boredom and isolation.	Encourage movement and exercise. Provide activities that are meaningful to the person. Finding meaningful activity for an individual requires investigation into his past history, interests, skills, work and preferences. This may vary significantly from person to person.
Loud noises, crowding, confusion.	Reassure the person who may feel disoriented. Reduce noise and other stimulation. Offer the person a place to get away from the source of the stressor. Create a “quiet time” and help the person become more relaxed and less overwhelmed.
Too much activity or a change in routine.	Reduce activity and avoid changes in daily routines when possible. Give extra support during necessary changes.
Stress or anxiety.	This often occurs when the person’s family member or usual caregiver is away. Encourage movement and exercise (for example, a secured circular path to walk around) and provide activities that are meaningful to the person.
Feeling lost; looking for something or someone familiar.	Provide a homelike environment that includes the person’s familiar objects, own furnishings and pictures. Provide companionship — family, volunteers, or contact with other people. Offer to help to find misplaced objects or a person. Reassure the person who may feel lost, then try to redirect him to a pleasurable activity.

Causes and support strategies — continued

<i>Antecedents</i>	<i>Support strategies</i>
Family member or other people leaving.	Engage the person in conversation or activity, or distract him by showing him something in another area of the room Reassure him that they will be back.
Medication side effects resulting in restlessness and confusion.	Check all of the person’s medications for side effects. If there are side effects, consult the physician.
Physical pain, discomfort, illness or infection, including urinary tract infection (UTI), urinary retention, and constipation.	Be alert to changes in behavior patterns that could signal pain or discomfort. Report any signs of pain, illness or discomfort to the RN or physician for evaluation and treatment.
Decline of physical or mental conditions (confusion, agitation disorientation, hallucination).	Notify a physician or mental health professional for evaluation and treatment.
Basic needs not met such as food (hunger) drinks (thirst), need to use toilet, or other physical needs.	Check to see if the person is hungry, thirsty or needs to use the bathroom. Keep drinks and finger foods or fruit in visible areas. You may want to set a toileting schedule (such as every two hours). Place signs “Toilet” or pictures of a toilet on the bathroom door to help identify the room.

Anticipate and intervene early

Monitor the person closely when he is showing the warning signs of wandering behavior, such as pacing or restlessness. Try to distract him before he gets too close to a door when he is trying to leave.

Talk to him calmly. Validate what he is saying or doing by describing what he says or does and try to attach a feeling to it.

Offer some meaningful activities for him to do or use other creative ideas to distract him.

Knowing how to properly communicate with a person who is having a difficult time is important. To help you to diffuse a difficult situation, remember these important tips:

When talking to the person

- Always use a low and calm tone of voice. Speak slowly and clearly.
- Do not argue with or confront the person. Arguing only leads to frustration and failure. Confrontation can cause the person to become angry and defensive.
- Be positive. Tell the person what is wanted of him. Say, "Come with me," rather than "Don't go out."
- Use repetition.

Never raise your voice even if the person is yelling. Keeping your voice down will model for him how he should respond. Calmly ask him to lower his tone of voice rather than telling him to stop yelling. Say, "Please keep your voice down."

Your posture

- Maintain a distance between yourself and the person that is comfortable for both of you.
- Present a calm presence by using slow movements.
- Remain open and welcoming by avoiding gestures which close off or separate you from the person, (e.g., crossing arms over the chest).

Anticipate and intervene early — continued

- Treat the person with respect and dignity. Keep communication on an adult level.
- Be objective and don't take the person's wandering behavior personally. The individual is trying to make sense of a world that probably no longer seems predictable.
- If the person becomes angry or attempts to hit you, move out of the way. Continue to monitor him closely and calmly redirect him.

If the person leaves the home or property

Remember that it is your responsibility to make sure the person is safe and to protect him from harm.

- Try to determine which direction he headed.
- Alert a staff member to monitor other residents. If you do not have a back-up caregiver to help, call 911 immediately.
- Go and look for the person.
- Approach with a calm manner.
- Walk slightly in front of the person and keep talking, then turn back toward home. The person will usually walk back with you. Avoid pulling or pushing him.

Get help immediately

If you cannot find the person within 10 minutes, call 911 to report he is missing.

- Be sure to report the person is memory-impaired and request that a search be launched right away. Have your information file at hand when calling the police.
- Let the police or Search and Rescue Team know the person's name, age, height, weight, hair color, clothing, or identifying marks. Provide the police with the person's current photograph.
- Describe which direction the person was going, if you know.

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- Notify the person's family or legal representative and case manager.
 - Document the incident in the person's narrative and complete an incident report.

When and whom to call for help

Wandering behavior is one of the most serious concerns facing care providers. Caring for persons with wandering behavior presents care providers with many challenges. Remember how important it is to conduct a complete screening before admitting any person to your home. You need to know safety procedures and have patience, compassion and common sense when taking care of people with Alzheimer's disease or other forms of dementia.

Do not be afraid to ask for help when you have a question, are unsure what to do next, are out of ideas, or when a situation needs immediate attention. Contact a Contract RN, physician, case manager, licenser, or other medical professionals for assistance.

Contact your local Alzheimer Association office about the wandering behavior and the Safe Return Program; the toll-free number is 1-800-733-0402 or visit the Website at www.alzstore.com to see a list of wandering prevention products. You may also call the Oregon Department of Human Services, toll-free 1-800-232-3020.

Appendix A

The Alzheimer's Disease Bill of Rights

(From Bell, V, & Troxel, D. 1977. *The Best Friends Approach to Alzheimer's Care*)

Every person diagnosed with Alzheimer's disease or a related disorder deserves the following rights:

To be informed of one's diagnosis.

To have appropriate, ongoing medical care.

To be productive in work and play for as long as possible.

To be treated like an adult, not like a child.

To have expressed feelings taken seriously.

To be free from psychotropic medications, if possible.

To live in a safe, structured, and predictable environment.

To enjoy meaningful activities that fill each day.

To be outdoors on a regular basis.

To have physical contact, including hugging, caressing, and hand-holding.

To be with individuals who know one's life story, including cultural and religious traditions.

To be cared for by individuals who are well trained in dementia care.

Appendix B

Selected Oregon Administrative Rules (OARs) relating to care and services in the Adult Foster Home setting.

411-050-0400 Definitions

For the purpose of these rules, authorized under ORS 443.705 to 443.825, the following definitions apply:

(2) "Abuse" means abuse as defined in OAR 411-020-0002 (Adult Protective Services).

(54) "Physical Restraint" means any manual method or physical or mechanical device, material, or equipment attached to, or adjacent to, a resident's body that the resident may not easily remove and that restricts freedom of movement or normal access to his or her body. Physical restraints include but are not limited to wrist or leg restraints, soft ties or vests, hand mitts, wheelchair safety bars, lap trays, and any chair that prevents rising (such as a Geri-chair). Side rails (bed rails) are considered restraints when they are used to prevent a resident from getting out of a bed. The side rail is not considered a restraint when a resident requests a side rail for the purpose of assistance with turning.

411-050-0650 Facility Standards

In order to qualify for or maintain a license, an adult foster home must comply with the following provisions:

(5) SAFETY

(d) LOCKS AND ALARMS. Hardware for all exit doors and interior doors must be readily visible, have simple hardware that may not be locked against exit, and have an obvious method of operation. Hasps, sliding bolts, hooks and eyes, slide chain locks, and double key deadbolts are not permitted. If a home has a resident with impaired judgment who is known to wander away, the home must have an activated alarm system to alert a caregiver of the resident's unsupervised exit.

411-050-0655 Standards and Practices for Care and Services

(1) SCREENING AND ASSESSMENT

(a) Prior to admission, the licensee must conduct and document a screening to determine if a prospective resident's care needs exceed the license classification of the home. The screening must:

(A) Evaluate the ability of the prospective resident to evacuate the home within three minutes along with all the occupants of the home;

(B) Determine if the licensee and caregivers are able to meet the prospective resident's needs in addition to meeting the needs of the other residents of the home; and

(C) Include medical diagnoses, medications, personal care needs, nursing care needs, cognitive needs, communication needs, night care needs, nutritional needs, activities, lifestyle preferences, and other information as needed to assure the prospective resident's care needs shall be met.

(b) The screening process must include interviews with the prospective resident and the prospective resident's family, prior care providers, and case manager, as appropriate. The licensee must also interview as necessary, any physician, nurse practitioner, physician assistant, registered nurse, pharmacist, therapist, or mental health or other licensed health care professional involved in the care of the prospective resident. A copy of the screening document must be:

(A) Given to the prospective resident or the prospective resident's legal representative; and

(B) Placed in the resident's record if admitted to the home; or

(C) Maintained for a minimum of three years if the prospective resident is not admitted to the home.

(c) **REQUIRED DISCLOSURES.** The licensee must disclose the home's policies and practices to a prospective resident or the prospective resident's legal representative, as applicable including:

(A) **HOUSE POLICIES.** The licensee must provide a copy of the house policies and disclose any policies that may limit the prospective resident's

activities or preferences while living in the adult foster home. Examples include but are not limited to the use of tobacco or alcohol, pets, religious practices, dietary restrictions, and the use of intercoms and monitors. The licensee must disclose the home's policy regarding the legal presence and use of medical marijuana. (See OAR 411-050-0645);

(3) CARE PLAN.

(a) During the initial 14 calendar days following the resident's admission to the home, the licensee must continue to assess and document the resident's preferences and care needs. The assessment and care plan must be completed by the licensee and documented within the initial 14-day period. The care plan must describe the resident's needs, preferences, and capabilities, and what assistance the resident requires for various tasks. The resident's care plan must also include:

(A) By whom, when, and how often care and services shall be provided;

(B) The resident's ability to perform activities of daily living (ADLs);

(C) Special equipment needs;

(D) Communication needs (Examples may include but are not limited to hearing or vision needs, such as eraser boards or flash cards, or language barriers such as sign language or non-English speaking);

(E) Night needs;

(F) Medical or physical health problems, including physical disabilities, relevant to care and services;

(G) Cognitive, emotional, or impairments relevant to care and services;

(H) Treatments, procedures, or therapies;

(I) Registered nurse consultation, teaching, delegation, or assessment;

(J) Behavioral interventions;

(K) Social, spiritual, and emotional needs including lifestyle preferences, activities, and significant others involved;

(L) The ability to exit in an emergency including assistance and equipment needed;

(M) Any use of physical restraints or psychoactive medications; and

(N) Dietary needs and preferences.

(b) The licensee must review and update each resident's care plan every six months or as a resident's condition changes. The review must be documented in the resident's record at the time of the review and include the date of the review and the licensee's signature. If a care plan contains many changes and becomes less legible, a new care plan must be written.

(6) RESIDENT CARE

(e) The licensee must exercise reasonable precautions against any conditions that may threaten the health, safety, or welfare of the residents.

(7) RESIDENTS' BILL OF RIGHTS. The licensee, the licensee's family, and employees of the home must guarantee not to violate these rights and to help the residents exercise them. The Residents' Bill of Rights provided by the Department must be explained and a copy given to each resident at the time of admission. The Residents' Bill of Rights states each resident has the right to:

(a) Be treated as an adult with respect and dignity;

(e) Receive appropriate care and services and prompt medical care as needed;

(f) Be free from abuse;

(l) Be free from chemical and physical restraints except as ordered by a physician or other qualified practitioner. Restraints are used only for medical reasons, to maximize a resident's physical functioning, and after other alternatives have been tried. Restraints are not to be used for discipline or convenience;

(q) A safe and secure environment;

Appendix C

Physical restraint

The use of physical restraints is not recommended. The Adult Foster Home Administrative Rules define physical restraint as “any method or device which the person cannot easily remove and restricts freedom of movement or normal access to the body is considered physical restraint. For example, soft ties or vests, wheelchair safety bars, lap trays, hand mitts, gerichairs, and any chair that prevents rising. Side rails (bed rails) are considered restraints when they are used to prevent a resident from getting out of a bed. When a resident requests a side rail (e.g. for the purpose of assisting with turning), the side rail is not considered a restraint.”

The Residents’ Bill of Rights also states that each resident has the right to “be free from chemical and physical restraints except as ordered by a physician or other qualified practitioner. Restraints are used only for medical reasons, to maximize a resident’s physical functioning, and after other alternatives have been tried. Restraints are not used for discipline or convenience.”

The use of physical restraints is not recommended and no tie restraint of any kind can be used to keep a resident in bed. It is important to understand that use of a restraint is particularly dangerous when used on residents with dementia or who are physically able to struggle against the restraint. There have been a number of deaths in care settings that were caused by inappropriate restraints. If you are using a bed rail to keep a resident in bed and she/he crawls over it or puts her/his arms or leg through the bars, the situation is dangerous and needs to be corrected immediately.

If physical restraint is absolutely necessary in order to maintain a resident’s health and safety, the following steps must be taken:

- The resident must agree to the use of the restraint. If the resident is unable to give verbal consent, it is implied if the resident is not struggling against the restraint. If the resident resists the use of a restraint or tries to get out of it, it is assumed that the resident is not agreeing to the use of the restraint.
- Family of the resident must be notified and give documentation of their approval of the use of a restraint to the provider.

There must be documentation that alternatives to the restraint have been tried: a wedge pillow, pillows supporting the resident’s body in bed, mattress on the floor, etc.

There must be an order from a physician, nurse practitioner or Christian Science practitioner authorizing the use of the restraint. The order must include specific parameters including type, circumstances and duration of the use of the restraint. There must be no p.r.n. (as needed) orders for restraints.

Use of a physical restraint without an assessment, documentation of alternative methods, and an order from a physician is considered as abuse.

ADDITIONAL DHS RESOURCES

DHS's Safe Medication Administration: www.tinyurl.com/p863p2g

DHS's Ensuring Quality Care tools and resources: www.tinyurl.com/APD-EQCTools-Resources

TRAINING CREDIT

To receive a certificate for training hours you will need to take a test. 100 percent accuracy is required to receive a training certificate. Tests are open book. Tests cannot be taken with assistance. Tests results will be sent via email from afhtraining.spd@dhsoha.state.or.us.

All tests are graded in the order received. Processing tests can take up to 8 weeks.

ORDERING TESTS

Fill out the test order form and submit payment to SOQ-Self-study Program, PO Box 14530, Salem OR 97309. Test order form is found at: www.tinyurl.com/DHS-AFHTraining. The test order form contains all self-study courses available.

Tests are valid for 30 days from the date of purchase. Once a self-study test is ordered it is not transferable to another individual. **No refunds will be given.**

Questions or inquires?

Send questions or inquiries to: afhtraining.spd@dhsoha.state.or.us



You can get this document in large print, braille or a format you prefer. Contact the Safety, Oversight and Quality Unit at 1-800-282-9092.